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STATEMENT OF

FORM 1	ORGANIZATION						Office Hee	Only
1. NAME OF COMMITTEE (in	n full)	(Check if is change		Example:If over the lire	typing, type les.	12FE41	Office Use	
WYOMINO	3 HOR	SE ASSC	CIATIO	ON.				
		11111	1111	. 1 1 1	1111	1_1_1_1		
ADDRESS (number a	and street)	1504 S.	Housto	n Stre	et		1 1 1 1 1	
(Check if address is changed)		Kaufmar	<u> </u>			TX	75142) 1
			CIT	Υ		STATE	ZII	PCODE
COMMITTEE'S E-MA (Check if is change	address	S (Please provide			ation@c	gmail.c	om	
COMMITTEE'S WEE	B PAGE ADD	DRESS (URL)						
(Check if is change	address	• • • • •	jhorsea	associ	ation.tur	nblr.co	m , , ,	<u> </u>
2. DATE 10)* ′ 10	°]′ <u>2012</u> ′	Y					
3. FEC IDENTIFIC	CATION NU	IMBER	C 005	2691	3			
4. IS THIS STATE	MENT	NEW (N)	OR	× ×	MENDED (A)			
I certify that I have	examined th	is Statement and t	o the best of	my knowle	dge and belief	it is true, con	rect and comple	ete.
Type or Print Name	of Treasurer	Julie Ca	araman	te				· · · · · · · · · · · · · · · · · · ·
Signature of Treasur	er	Julie	Cara	ma	nte	Date 1	0" / 10°	′ 2012
NOTE: Submission of		ous, or incomplete i		- -			,	s of 2 U.S.C. §437g.
Office Use				Federa	rther information of l Election Commisses 800-424-9530			FORM 1 ed 02/2009)